

BOARD MEETING MINUTES

Archived recordings of the Board of Behavioral Sciences meetings held on November 20–21, 2025, are available for viewing at the following links:

- [Board of Behavioral Sciences Meeting - November 20, 2025 - 1 of 2](#)
- [Board of Behavioral Sciences Meeting - November 20, 2025 - 2 of 2](#)
- [Board of Behavioral Sciences Meeting - November 21, 2025](#)

DATE November 20, 2025

LOCATION Department of Consumer Affairs
1625 N. Market Blvd., #S-102
Sacramento, CA 95834

TIME 8:30 a.m.

ATTENDEES

Members Present at Primary Location

Wendy Strack, Chair, Public Member
Dr. Nicholas Boyd, Vice Chair, LPCC Member (*present at 8:50 a.m.*)
Lorez, Bailey, Public Member
Susan Friedman, Public Member
Christopher (Chris) Jones, LEP Member
Kelly Ranasinghe, Public Member
John Sovec, LMFT Member
Rebecca Thiess, Public Member (*absent at 5:10 p.m.*)
Dr. Annette Walker, Public Member

Members Absent: Justin Huft, LMFT Member
Eleanor Uribe, LCSW Member

Staff Present: Steve Sodergren, Executive Officer
Marlon McManus, Assistant Executive Officer
Shelley Ganaway, Department of Consumer Affairs (DCA) Legal Counsel
Christina Kitamura, Administrative Analyst

Other Attendees: Chris Dietrich, Administrative Law Judge

1 Anahita Crawford, Deputy Attorney General
2 Keegan John Hornbeck, Petitioner
3 Nadia Renee Redoble, Petitioner
4 Vanessa Perocier, Petitioner
5 Emmanuel Garcia, Petitioner
6 Public participation via Webex and in-person
7

8 9 **OPEN SESSION**

10 11 12 **1. Call to Order and Establishment of Quorum**

13
14 Wendy Strack, Chair of the Board of Behavioral Sciences (Board), called the
15 meeting to order at 8:45 a.m. Roll was called, and a quorum was established.
16

17 *Item 4 was taken out of order and heard after item 7.*
18

19 **2. Suggestions for Future Agenda Items**

20
21 None
22

23 **3. Public Comment for Items Not on the Agenda**

24
25 None
26

27 ***Administrative Law Judge Chris Dietrich presided over the following petition***
28 ***hearings. Deputy Attorney Generals Anahita Crawford and Andrew Steinheimer***
29 ***presented the facts of the cases below on behalf of the People of the State of***
30 ***California.***
31

32 **4. Keegan John Hornbeck, LCSW 81954, Petition for Early Termination of** 33 **Probation**

34
35 The record was opened at 2:01 p.m., and Keegan Hornbeck represented himself.
36 Deputy Attorney General Andrew Steinheimer presented the background of this
37 case. Hornbeck was sworn-in and presented his request for early termination of
38 probation and information to support the request. He was questioned by
39 Steinheimer and board members. The record was closed at 2:48 p.m.
40

41 **5. Nadia Renee Redoble, ASW 116901, Petition for Early Termination of** 42 **Probation**

43
44 The record was opened at 8:55 a.m., and Nadia Redoble represented herself.
45 Deputy Attorney General Anahita Crawford presented the background of this
46 case. Redoble was sworn-in and presented her request for early termination of

1 probation and information to support the request. She was questioned by
2 Crawford and board members. The record was closed at 9:59 a.m.

3
4 **6. Vanessa Lee Perocier, LMFT 127088, Petition for Early Termination of**
5 **Probation**

6
7 The record was opened at 10:14 a.m., and Vanessa Perocier represented
8 herself. Deputy Attorney General Anahita Crawford presented the background of
9 this case. Perocier was sworn-in and presented her request for early termination
10 of probation and information to support the request. She was questioned by
11 Crawford and board members. The record was closed at 11:57 a.m.

12
13 **7. Emmanuel Garcia, LPCC 16451, Petition for Early Termination of Probation**

14
15 The record was opened at 12:48 p.m., and Emmanuel Garcia represented
16 himself. Deputy Attorney General Andrew Steinheimer presented the background
17 of this case. Garcia was sworn-in and presented his request for early termination
18 of probation and information to support the request. He was questioned by
19 Steinheimer and board members. The record was closed at 1:46 p.m.

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22 **CLOSED SESSION:** *The Board entered closed session at 2:51 p.m.*

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25 **8. Pursuant to Section 11126(c)(3) of the Government Code, the Board will**
26 **Meet in Closed Session for Discussion and to Take Action on Disciplinary**
27 **Matters, Including the Above Petitions.**

28
29 **9. Pursuant to Section 11126(c)(1) of the Government Code, the Board will**
30 **Meet in Closed Session for a Presentation by the Association of Marital and**
31 **Family Therapy Board regarding the Association of Marriage and Family**
32 **Therapist Regulatory Boards Clinical Examination.**

33
34
35 **OPEN SESSION:** *The Board reconvened in open session at 5:10 p.m. Roll was*
36 *called, and quorum was re-established.*

37
38
39 **10. Consent Calendar: Possible Approval of the May 8-9, 2025 and August 20-**
40 **21, 2025 Board Meeting Minutes**

41
42 Motion: Approve the May 8-9, 2025 and August 20-21, 2025, Board Meeting
43 Minutes.

44
45 M/S: Jones/Walker

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Discussion/Public Comment: None

Vote: Yea 7; Nay 0, Abstention 1, Absent 3. Motion carried.

Member		Vote
Lorez Bailey		Y
Dr. Nick Boyd		Y
Susan Friedman		Y
Justin Huft		absent
Christopher Jones		Y
Kelly Ranasinghe		abstain
John Sovec		Y
Wendy Strack		Y
Rebecca Thiess		absent
Eleanor Uribe		absent
Annette Walker		Y

11. Outreach & Education Committee Update

The Committee discussed the following at its September 2025 meeting.

Goals of the Committee

The Committee reviewed its charge and agreed to set measurable objectives, including outreach to students, improving accessibility, and focusing on underserved communities. Staff proposed 2026 priorities: expand live outreach events, support mental health career promotion, improve website accessibility, strengthen educational partnerships, and raise public awareness of consumer rights.

Artificial Intelligence Listening Sessions

Staff proposed holding the Board’s first AI listening session in November 2025 to gather input on how artificial intelligence is used in mental health practice.

Social Media Outreach

Staff provided an update on the “Facebook Fridays” initiative. Staff are exploring ways to relaunch interactive online events using more reliable and accessible platforms.

Website Redesign

The Board is collaborating with DCA’s Office of Information Services (OIS) to improve website navigation and accessibility by reorganizing tabs and adding features. Updates will be implemented in coordination with OIS.

1 Outreach Events

2 As of August 27, 2025, staff participated in 37 outreach events with schools,
3 agencies, and associations. Staff also collaborated with the National Association
4 of Social Workers - California Division (NASW-CA) through “Lunch and Learn”
5 sessions and NASW-CA Lobby Days and participated in statewide marriage and
6 family therapist (MFT) consortium meetings. A graduation-season YouTube
7 video on licensure requirements and Board initiatives was released in May, with
8 plans to release annual content and a survey to evaluate outreach effectiveness.
9

10 Discussion: None

11
12 Public Comment: None

13
14 **12. Workforce Development Committee Update**

15
16 The Committee discussed the following at its July 2025 meeting:
17

18 Presentation on Other State Jurisdictions Education Requirements for LMFT

19 Staff presented findings from its review of Licensed Marriage and Family
20 Therapist (LMFT) education requirements in Oregon, Texas, and Ohio. Staff
21 noted California’s standards align nationally but are complex and hard to apply
22 uniformly. Greater clarity and fairness could come from removing in-state vs. out-
23 of-state distinctions and focusing on whether degrees substantially meet
24 statutory requirements.
25

26 Staff recommended the following:

- 27 • Removing the “in-state” and “out-of-state” designations.
- 28 • Accepting any degree that meets statutory education standards, rather
29 than specific degree titles.
- 30 • Consideration of recognizing the Commission of Accreditation for Marriage
31 and Family Therapy Education (COAMFTE) and the Council for
32 Accreditation of Counseling and Related Educational Programs (CACREP)
33 accreditation as meeting educational requirements.
- 34 • Establishing minimum unit requirements for each content area and
35 modernizing competency descriptions.
- 36 • Broadening allowable remediation through graduate-level coursework.
37

38 Recommendations Regarding the Education Requirements for LMFT

39 The Committee discussed modernizing LMFT education requirements by
40 creating a single pathway and simplifying statutory language to reduce confusion
41 and improve consistency, fairness, and public protection.
42

43 The proposal included:

- 44 • A 60-unit integrated graduate degree from an accredited or COAMFTE-
45 approved program, without specifying degree titles.

- Core content that can be remediated through graduate-level coursework if unit requirements are unmet.
- Supplemental topics—such as child abuse, aging, substance use, suicide prevention, and telehealth—completed via approved continuing education.
- Removal of in-state and out-of-state distinctions.
- Standardized remediation to occur before associate registration.
- Preservation of legacy pathway for pre-2012, 48-unit degrees.

Presentation Regarding Accreditation

Staff presented information on accreditation and noted that accreditation assures educational quality and consistency but can limit program flexibility. An overview of COAMFTE and CACREP was provided.

Discussion: None

Public Comment: None

13. Recess Until 8:30 a.m., Friday, November 21, 2025

The Board recessed at 5:22 p.m.

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2 **OPEN SESSION**

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5 **14. Call to Order and Establishment of Quorum**

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7 Wendy Strack, Chair of the Board, called the meeting to order at 8:34 a.m. Roll
8 was called, and a quorum was established.
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11 **CLOSED SESSION:** *The Board entered closed session at 8:40 a.m.*

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14 **15. Pursuant to Section 11126(a)(1) of the Government Code, the Board will**
15 **Meet in Closed Session to Evaluate the Performance of the Executive**
16 **Officer**
17

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19 **OPEN SESSION:** *The Board reconvened in open session at 9:25 a.m.*

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22 **16. Introductions**

23
24 Board members, staff, and attendees introduced themselves. Roll was called,
25 and a quorum was re-established.
26

27 **17. Board Chair Report**

28
29 **a. Board Member Attendance**

30 The current fiscal year attendance report was provided.
31

32 **b. Future Board Meetings**

33 The 2026 board meeting and committee meeting dates were provided.
34

35 **c. Staff Recognitions**

36 Kalan Novey – 1 year of service
37 Sabrina Guerra-Anderson – 1 year of service
38 Lisa Santolin – 5 years of service
39 Andrea Patrick – 15 years of service
40

1 **18. Executive Officer Report**

2
3 Steve Sodergren attended the Association of Social Work Boards (ASWB)
4 Leadership Weekend in August and the Association of Marital and Family
5 Therapy Boards Annual Meeting in September. He also participated in the ASWB
6 Annual Meeting of the Delegate Assembly in November.

7
8 Dr. Annette Walker served as a panelist at the Appointments Workshop with
9 Governor Gavin Newsom's Appointments Secretary Morgan Carvajal.

10
11 **19. Budget Update**

- 12
13
 - The Board's budget for fiscal year (FY) 2025-26 is \$14,631,000.
 - Reserve balance beginning at the beginning of fiscal year was \$26.2M
 - Projected collection of revenue by fiscal year end is \$23.7M
 - Projected expenditures and external costs by fiscal year end is \$15.6M
 - Fund condition reflects a reserve of 25.5 months.

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19 **20. Personnel Update**

20 The Board's staffing activity is as follows:

- 21
 - 5 promotions
 - 1 departure
 - 5 vacancies

22
23
24
25 **21. Licensing Update**

26 1st Quarter Statistics:

- 27
 - 5,925 license/registrations issued
 - Population of approximately 157,249 licensees/associates as of
28 November 11, 2025
 - 2% gain in license/registration population from previous quarter
 - Population of 16,277 supervisors

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33 1st Quarter Registration Statistics

- 34
 - 743 more applications received over 4th quarter FY24/25
 - 1,278 approved deficient applications in 1st quarter versus 843 approved
35 deficient applications in 4th quarter FY24/25 (increase of 41%)
 - ASW applications decreased 7.51%.
 - AMFT applications increased 49.42%.
 - APCC applications increased 19.44%.
 - Registration application processing times increased from 14 working days
36 to 26.

1 1st Quarter Licensing Statistics

- 2 • 22.16% decrease in clinical exam applications received over 4th quarter
3 FY 24/25
4 • The number of deficient applications increased to 29.74%.
5 • 1,782 applications received, a slight decrease from 4th quarter FY24/25.
6 • Application processing times were 47 days (45 days in 4th quarter
7 FY24/25).
8

9 Initiatives and Projects

10 Registration and Licensing Units are cross-training staff to improve flexibility and
11 efficiency in handling all license types and applications.
12

13 Supervisor and Out-of-State Licensee FAQs are under review and expected to
14 be posted on the Board’s website in early 2026.
15

16 Information provided as attachments in the meeting materials:

- 17 • Licensing Population
18 • Licensing Applications Received/Processing Times
19

20 **22. Examination Update**

21 4th Quarter Statistics:

- 22 • 6,960 exams were administered (9.3% increase from previous quarter)
23 • 11 exam development workshops were conducted.
24

25 Examination Pass Rates

26 The Board is reviewing factors contributing to low LPCC Law & Ethics Exam
27 pass rates. Staff requested a five-year report of specified data from the Office of
28 Information Services (OIS), which was provided to the Office of Professional
29 Examination Services (OPES) on October 17th. OPES will present its analysis at
30 the February 2026 Board Meeting.
31

32 ASWB News/Accommodations

33 ASWB updated its policy on nonstandard testing arrangements: most
34 disability/health-related approvals are now open-ended (effective Oct. 15, 2025).
35 Temporary needs still have expiration dates. The Board aligned its ESL
36 accommodation policy, except TOEFL-based approvals remain valid for two
37 years per CCR §1805.2.
38

39 Pearson Vue Updates

40 Security Wandering Pilot: Pearson VUE began piloting the use of security
41 wands at select test centers in mid-October to detect covert recording
42 devices. Test center staff are trained and will ensure this process is carried
43 out professionally and with minimal disruption to the candidate’s experience.
44 If a candidate declines wandering during the pilot, they will still be permitted to
45 test, and Pearson VUE will notify the Board of the refusal.

1 Identification (ID) Policy: Within 60 days, Pearson VUE will update its ID
2 policy to allow digital IDs and remove the requirement for signatures on IDs,
3 improving candidate experience without compromising exam security.
4

5 The Exam School Report was provided as Attachment A in the meeting
6 materials.
7

8 **23. Enforcement Update**

9

10 1st Quarter Statistics: Consumer Complaints

- 11 • 795 consumer complaints received
- 12 • 261 cases closed without investigation
- 13 • 429 complaints closed after investigation
- 14 • Average time to complete board investigations: 80 days
- 15 • 4 cases referred to Attorney General's (AG) Office
- 16 • 5 citations issued
- 17

18 1st Quarter Statistics: Criminal Convictions

- 19 • 265 criminal convictions
- 20 • 264 cases assigned for investigation
- 21 • 230 cases closed after investigation
- 22 • 26 cases referred to the AG Office
- 23

24 1st Quarter Statistics: Probation

- 25 • 139 total probationers
- 26 • 5 petitions for modifications or early termination of probation received
- 27 • 2 petitions to vacate default decisions
- 28

29 Continuing Education (CE) Audits

- 30 • Audits completed for renewal cycles ending April 30, 2025.
- 31 • Audits for cycles ending May 31, 2025 nearly complete.
- 32 • 50 CE audit letters sent on October 31, 2025 for cycles ending June 30,
33 2025
- 34 • 25 Citations and Fines issued for failed CE audits.
- 35

36 Supervisor Audits

37 The Board will begin audits of licensees who have submitted a Supervisor Self-
38 Assessment and are designated as supervisors to verify compliance with
39 continuing education requirements. Procedures and templates are being
40 updated, and audits will begin as soon as practicable. Audit results will be
41 reported at the next board meeting.
42

43 Attachment A, Continuing Education Audits was provided in the meeting
44 materials.
45

1 **24. Outreach and Education Update**

2
3 1st Quarter Statistics: Outreach Events

- 4 • 12 virtual outreach presentations conducted by BBS staff
- 5 • 11 outreach presentations scheduled for FY 25/26

6 1st Quarter Statistics: Consumer Information Center (CIC)

- 7 • 4,010 calls
- 8 • Average wait time per call: 67 seconds

9
10 1st Quarter Statistics: Email Communication

- 11 • 43,935 emails received by BBS staff
- 12 • Registration unit accounted for largest share of inquiries

13
14 1st Quarter Statistics: Social Media Engagement

- 15 • Facebook: 37,549 followers
- 16 • Instagram: 20,328 followers

17
18 Information provided as attachments in the meeting materials:

- 19 • Outreach Event Report
- 20 • BBS Calls Received/Handled by CIC
- 21 • BBS Emails Received

22
23 **25. Administration Update**

24
25 1st Quarter Statistics

- 26 • 12% more applications than were received in the 4th quarter of FY 2024/25
- 27 • More than 95% of those transactions were completed online
- 28 • 9% more renewal applications than were received in the 4th quarter of FY
- 29 2024/25

30
31 Information provided as attachments in the meeting materials:

- 32 • Administration Applications Received
- 33 • Renewal Applications Received

34
35 **26. Strategic Plan Update**

36
37 In September 2025, SOLID facilitated the second pre-strategic planning session
38 with Board management to brainstorm ideas for the BBS 2026 Strategic Plan.
39 These inputs, along with the environmental scan, will guide the strategic planning
40 session scheduled for early 2026.

41
42 Progress updates on Strategic Plan goals were provided as an attachment: BBS
43 Strategic Plan Update November 2025.

1 Discussion on Items 18-26

2 Freidman asked Sodergren to give an overview on the discussion of AI during
3 the AMFTRB Annual Conference (Item 18). Sodergren stated that the
4 discussions are very broad. The conversations were primarily about what
5 other states are doing about AI.
6

7 Jones commented on increased complaints (Item 23), noting that most
8 complaints are assigned for investigation, but about 80% of closed cases are
9 unfounded. Concerns raised about public education on what constitutes a
10 valid complaint to reduce unnecessary investigations and staff burden. Posed
11 questions on complaint trends and patterns.
12

13 Sodergren provided clarification on complaint data - Increase in complaints
14 partly due to duplicate submissions and the Notice to Consumer, which raised
15 awareness. Many closed complaints involve issues outside Board jurisdiction
16 (e.g., billing). Some increase noted in boundary-related concerns. Board
17 plans to provide more detailed complaint statistics and improve public
18 education on what constitutes a valid complaint.
19

20 Sovec suggested adding a consumer complaints FAQ on the Board's
21 website.
22

23 Sovec commented on Item 24 and acknowledged staff's efforts to share
24 licensure resources (e.g., "Ten Tips" guide and videos). His suggestions
25 included increasing visibility through continuous social media posting,
26 breaking content into smaller pieces, and leveraging platforms like Facebook
27 and Instagram to ensure applicants are aware of existing materials.
28

29 Public Comments on Items 18-26

30 Ben Caldwell: Commended the recent AI listening session and encouraged
31 similar future efforts. Expressed concern over exam pass rate data, noting
32 significant variability and low pass rates (e.g., ASWB clinical exam below
33 50%). Questioned the validity of the exam process, citing public safety
34 implications and disproportionate impact on practitioners of color, and
35 requested further attention on exam validity.
36

37 Jasmine Smith, National Association of Social Workers - California Division
38 (NASW-CA): Echoed concerns about exam pass rates and related disparities.
39

40 **27. Department of Consumer Affairs (DCA) Report Which May Include Updates**
41 **on DCA's Administrative Services, Human Resources, Enforcement,**
42 **Information Technology, Communications and Outreach, and Legislative,**
43 **Regulatory, or Policy Matters**
44

45 Shelly Jones, Assistant Deputy Director of Board and Bureau Relations,
46 presented the following updates:

- Lucia Saldivar was appointed as Deputy Director of DCA’s Board and Bureau Relations. Shelley Jones was appointed as Assistant Deputy Director of Board and Bureau Relations.
- DCA Director Kimberly Kirchmeyer is retiring from service at the end of the year.
- DCA launched its new Sexual Harassment Prevention Training on October 27th in the Learning Management System. The compliance deadline will either be two years from the last completion date of the training or by December 27th for those who have not yet completed the training.
- Unconscious Biased Training was added to LMS accounts. This training was developed specifically for board members.
- Our Promise Campaign launched. Board members and staff can contribute to non-profit causes.

Discussion: None

Public Comment: None

28. Update on the Association of Marital and Family Therapy Boards’ Marital and Family Therapy National Examination

Background and Planning Overview

In August 2025, the Board approved regulatory language allowing the use of the AMFTRB Marital and Family Therapy National Examination for LMFT licensure in California, replacing the state-developed LMFT Clinical Exam. Implementation requires careful planning and stakeholder communication to ensure a smooth transition by January 1, 2027.

The transition planning includes four key workstreams:

1. Rulemaking

Staff prepared and the Board approved the proposed regulatory language in August 2025. The rulemaking package is in production, with a target filing date to OAL of May 2026. The transition cannot proceed until these regulatory amendments are finalized and approved.

2. System Readiness

System updates are required to implement the AMFTRB National Exam. Staff are working with OIS to update BreEZe for eligibility data transfer, electronic result tracking, and internal reporting. Testing and phased rollout will ensure functionality, with deployment planned for August 2026 ahead of the January 2027 transition.

1 **3. Stakeholder Communication**

2 A comprehensive outreach plan will ensure stakeholders are informed and
3 prepared for the transition. Key actions include hosting webinars,
4 publishing FAQs and website updates, coordinating with graduate
5 programs and professional organizations, and maintaining regular
6 communication to clarify requirements and timelines.
7

8 **4. Exam Transition** – Coordinate with AMFTRB and its exam developer
9 (Professional Testing Corporation (PTC)) and exam administrator
10 (Prometric), DCA, and OPES to shift from the California exam to the
11 national exam.
12

13 Key actions include confirming the transition plan, transferring exam
14 materials as needed, discontinuing the California exam, and ensuring all
15 applicants use the national exam by January 2027. The last California
16 exam is expected in November 2026.
17

18 Information provided as attachments in the meeting materials:

- 19
 - 20 • AMFTRB Transition Plan Draft
 - 21 • Letter of Support: California Association of Marriage and Family
22 Therapists
 - 23 • Letter of Support: American Association of Marriage and Family Therapy
24

24 Discussion

25 Jones: Asked how long candidates would be unable to test during the
26 transition. Sodergren noted that during the ASWB exam transition, there was
27 approximately a one-month testing gap.
28

29 Boyd: The Board is not 100% committed to this and went into this with the
30 caveat that it can back out. It's important that the Board puts that language
31 into the proposal stating that the Board can back out of this at any time.
32

33 Strack: Asked when would be the appropriate point to reconsider or withdraw
34 the proposal? Helms responded that the 30-day public comment period will
35 begin within the next few months. The Board expects to review comments
36 and finalize the proposal in May. At that point, any major concerns must be
37 addressed, as May is considered the critical decision point before submission
38 to OAL for final approval.
39

40 Walker: Emphasized the importance of moving forward without delay, noting
41 that discussions on this topic have spanned over a decade. Stressed the
42 Board's responsibility to keep the issue prominent on agendas, provide
43 transparency to stakeholders, and demonstrate commitment to implementing
44 the regulation rather than prolonging the conversation.
45

1 Sovec: Raised concerns that current goals do not include coordination with
2 AMFTRB to ensure the exam reflects California's population and protects
3 consumers. Emphasized adding objectives related to exam quality, equity,
4 diversity, and inclusion, noting these issues have been recurring concerns for
5 the Board.
6

7 Ranasinghe: Expressed support for moving forward to the 45-day comment
8 period. Noted letters from AAMFT and CAMFT, highlighting research
9 suggesting the national exam may have less racial bias than California's
10 exam. Requested further discussion to ensure racial bias concerns are
11 addressed.
12

13 Public Comments

14 Shanti Ezrine, California Association of Marriage and Family Therapists
15 (CAMFT): Reiterated CAMFT's strong support for transitioning to the
16 AMFTRB national exam, citing benefits such as license portability, federal
17 opportunities, and improved access to care. CAMFT's letter to the Board also
18 addressed exam content, racial bias, and accessibility. CAMFT appreciates
19 AMFTRB's commitment to incorporating California-specific content and
20 ensuring fairness and accessibility. They offered continued collaboration on
21 outreach, communication, and exam transition, noting they have already
22 begun gathering member inquiries and are ready to assist with surveys and
23 stakeholder guidance.
24

25 Ben Caldwell: Voiced continued support for the transition but noted ongoing
26 substantive concerns about the AMFTRB exam raised by the Board and
27 CAMFT. Emphasized the need for transparency and suggested leveraging
28 this process to improve the national exam. Posed question: Are you able at
29 this point to share anything that has changed or is going to be changed in the
30 national MFT exam as a result of your discussions with AMFTRB?
31

32 Sodergren: Responded that other than updates from the new job task
33 analysis, which aligns the content more closely with California's distribution,
34 he would need to review what information can be shared.
35

36 Cathy Atkins, CAMFT: Thanked the Board and staff for advancing the exam
37 transition and agreed that indecision can confuse consumers and registrants.
38 Emphasized the need for clear messaging and noted that CAMFT would
39 support halting the transition if any serious, unresolvable issues arise, while
40 expressing hope the process moves forward.
41

42 Roger Smith, American Association of Marriage and Family Therapy
43 (AAMFT): Expressed strong support for adopting the AMFTRB national exam,
44 noting that 49 other states already use it. Highlighted AMFTRB's long-
45 standing experience since 1989 and the benefits of license portability, which

1 would allow California LMFTs to more easily obtain licensure in other states
2 for telehealth or relocation purposes.

3 4 Further Discussion

5 Sovec: Clarified that the Board is not “waffling” but carefully evaluating a
6 major change to a national testing system. Stressed the importance of
7 reviewing all facets to ensure California’s unique needs are addressed and
8 initiating improvements where possible. While the transition may not be
9 perfect at launch, the Board remains committed to moving forward
10 thoughtfully.

11
12 Walker: Clarified that the term “waffling” was not directed at any current or
13 past Board but referred generally to the long history of discussion on this
14 topic. Emphasized the collaborative nature of the process and stakeholder
15 support, noting that any obstacles will be addressed collectively as the
16 transition moves forward.

17
18 Sodergren suggested developing an advisory committee of two members to
19 this topic.

20
21 Walker: Reiterated that previously stated concerns about improving the exam
22 remain important, including addressing pass rate challenges, demographic
23 disparities, and racial bias. Emphasized the need for meaningful changes
24 rather than repeating past discussions.

25
26 Helms: Noted that implementation is progressing well. Suggested adding an
27 update on exam content discussions with AMFTRB to the Board’s work plan.
28 to add an update on exam content discussions with AMFTRB and include the
29 update at the February Board meeting, allowing members to review progress
30 and provide input. The regulatory process remains flexible until final approval,
31 with May identified as the critical decision point following the 45-day public
32 comment period.

33 34 Public Comments

35 Ben Caldwell: Urged that both immediate concerns about the national MFT
36 exam and broader issues—such as clinical exams and alternative licensure
37 pathways—be addressed. Suggested including these as either one combined
38 agenda item or two separate items at the February meeting.

39
40 Shanti Ezrine, CAMFT: Thanked the Board and staff for their commitment to
41 transparency. Confirmed willingness to assist with behind-the-scenes work
42 leading up to the February meeting.

43
44 Cathy Atkins, CAMFT: Expressed appreciation for the Board’s forward
45 progress and reiterated CAMFT’s commitment to supporting a smooth,
46 transparent transition. Pledged to work closely with BBS, AMFTRB, and

1 stakeholders to minimize challenges and ensure a positive outcome for
2 registrants, staff, and consumers.

3
4 **29. Discussion and Possible Action Regarding AB 2270 (Chapter 636, Statutes**
5 **of 2024) and AB 2581 (Chapter 836, Statutes of 2024): Consideration of**
6 **Requiring Continuing Education Coursework in Menopausal Mental Health**
7 **and in Maternal Mental Health**

8
9 Two recently enacted bills – AB 2270 and AB 2581 – require the Board to
10 consider adding courses on menopausal mental health and maternal mental
11 health, respectively, to its continuing education (CE) requirements for licensees.

12
13 The Board acknowledged the importance of maternal and menopausal mental
14 health but expressed caution about mandating continuing education (CE) in
15 specific topics due to:

- 16 1. Relevance Varies by Licensee – Not all practitioners serve these
17 populations, and mandates may limit flexibility.
- 18 2. Precedent for Future Mandates – Could lead to numerous topic-specific
19 requirements, overburdening the CE framework.
- 20 3. Current CE Framework Supports These Topics – Licensees can already
21 take approved courses on these subjects for CE credit under existing
22 regulations.

23
24 Elyse Springer, representing the California Chapter of Postpartum Support
25 International (PSI-CA), provided an overview of the significance of this issue and
26 presented PSI-CA’s request to adopt a pre-degree curriculum requirement in
27 perinatal mental health for all license types and a post degree continuing
28 education to ensure ongoing competency.

29
30 Discussion

31 Helms: Explained that the Workforce Development Committee has initiated a
32 comprehensive review of requirements, starting with LMFT. The review will
33 address core degree standards, graduate-level coursework, remediation
34 limits, and continuing education topics. Initial discussions will focus on
35 defining the core degree at the January meeting, followed by graduate-level
36 and CE requirements in future meetings. After LMFT, the review will be
37 extended to LPCC and LCSW. This is a long-term project currently underway.

38
39 Strack: Suggested that this issue be integrated into the upcoming
40 comprehensive review process rather than addressed separately, ensuring it
41 is considered as part of the broader evaluation.

42
43 Walker: Asked how to address gaps in consumer protection while noting that
44 the review is necessary but may cause delays and questioned how long the
45 review will take.

1 Helms: Explained that this is a major project that will take years to complete,
2 similar to the LMFT education review in 2007–2008 and will not be ready for
3 legislation for at least the next two years. It is not a quick fix, especially with
4 two additional license types to review.
5

6 Walker: Emphasized the urgency of addressing maternal health disparities,
7 noting the critical importance of the issue while acknowledging the need to
8 follow proper process. Stressed that the matter should not be overlooked.
9

10 Ranasinghe: Expressed concern about this issue, noting that the attachments
11 in the meeting materials show high relevance for all clinicians due to the
12 prevalence of perinatal issues. Emphasized the importance for low-income,
13 rural, tribal, and minority communities and questioned what could be done in
14 the meantime.
15

16 Sodergren: Suggested immediate outreach efforts as a possible option,
17 working with relevant stakeholders to support the cause while requirement
18 reviews are underway.
19

20 Helms: Noted that while CE in these areas is allowed, it is not currently
21 mandated, and encouraging participation could be an option.
22

23 Boyd: Acknowledged the importance of the issue and the rationale for
24 including it in continuing education but expressed reservations about making
25 it mandatory. Noted that unlike suicide or telehealth requirements, this topic
26 does not apply to all clinicians in their areas of practice/expertise and could
27 limit flexibility for other relevant CE interests, given the already robust CE
28 requirements.
29

30 Strack: Directed that the matter be sent to the Workforce Development
31 Committee for consideration in the CE and education review process, and to
32 the Outreach and Education Committee to explore quicker actions through
33 communication and education.
34

35 Public Comments

36 Shanti Ezrine, CAMFT: CAMFT recognized the importance of maternal and
37 perinatal mental health and improving access to care but opposed mandating
38 specific CE topics. Noted that frequent proposals for new CE mandates risk
39 creating narrow requirements that reduce flexibility. While supporting efforts
40 to encourage training and awareness, CAMFT emphasized that providers
41 should determine their own educational needs and suggested considering this
42 topic within the broader CE review process.
43

44 Public speakers testified and shared experiences and accounts related to
45 supporting this issue. The following public speakers testified and urged the

1 Board to mandate pre- and post-license training/continuing education and
2 coursework:

- 3 Diana Barnes, LMFT, Postpartum Support International
- 4 Daniella Bermudez, LMFT, LPCC, PSI-CA
- 5 Brenna Rizen, LCSW
- 6 Alicia Mittleman, LCSW
- 7 Robert Hickman, LMFT
- 8 Elizabeth Orrick, LMFT
- 9 Helena Vissing, PsyD
- 10 Kiki Kalkstein, Policy Center for Maternal Mental Health
- 11 Jasmine Smith, NASW-CA
- 12 Sonya Castaneda-Cudney
- 13 Megan Spence, PsyD, PMH-C
- 14 Lindsey Whang, NP
- 15 Kendy Faye
- 16 Simal Ozen Irmak, PMH-C, PSI-CA
- 17 Shana Averbach, LMFT, PMH-C
- 18 Maria Fuenzalida, LCSW, PMH-C, PSI-CA
- 19 Jessica Ford, MFT Trainee
- 20 Troy Gabrielson, LCSW
- 21 Cassie Manjikian, Maternal Mental Health Now, CA Perinatal Wellness
22 Alliance
- 23 Bindu Mukkamala, NASW-CA

24
25 Cathy Atkins, CAMFT: Expressed empathy based on her own experience but
26 stated CAMFT opposes additional CE mandates. She argued that CE
27 requirements are not the solution and that deficiencies should be addressed
28 through improvements in master's-level education rather than a patchwork of
29 CEs. CAMFT supports assessing education requirements for gaps, including
30 maternal mental health, and improving curriculum if needed. If further
31 discussion is warranted, she suggested delegating the proposal to the
32 appropriate committee.

33
34 Lisa Wenninger, LPCC: Supported protecting vulnerable populations and
35 acknowledged the positive impact of the proposed training but expressed
36 conflict over adding regulations that create barriers. Noted that without CE
37 requirements, many clinicians do not seek essential training, citing gaps in
38 telehealth compliance and culturally informed care. They questioned
39 prioritization over other critical areas like gender-affirming and neurodivergent
40 care and suggested a flexible CE menu approach.

41
42 After the public comment period, the Board stood on its direction to forward the
43 matter to the Workforce Development Committee for consideration in the CE and
44 education review process, and to the Outreach and Education Committee to
45 explore potential immediate outreach actions.
46

1 **30. Discussion and Possible Action Regarding Proposed Amendments to the**
2 **Board’s Statutes Related to Advertising (Business and Professions Code**
3 **(BPC) §§4980.44, 4980.48, 4996.15, 4996.18, 4999.36, and 4999.46.1)**
4

5 At its September 20, 2024 meeting, the Board approved a four-step process to
6 modernize statutes and regulations on advertising and client disclosure. Step 1,
7 amending advertising regulations, is in final DCA review before going to OAL.
8 Step 2 involves statute changes for associates, trainees, and interns after Step 1
9 is effective. Step 3 will strike regulation section 1880 as a Section 100 change
10 after statute changes take effect. Additionally, advertising definitions were
11 amended through SB 775, effective January 1, 2026.
12

13 Step 2 involves statutory amendments for associates, trainees, and interns to
14 standardize client disclosure and advertising requirements across license types.
15 Changes include requiring all registrants and trainees to inform clients they are
16 unlicensed, under supervision, and provide employer or volunteer entity name.
17 For associates, the registration number disclosure is removed from statute but
18 remains in the consumer notice. Obsolete advertising requirements for
19 associates are struck since they are now covered by regulations. For MFT
20 trainees, advertising rules are simplified to include name, trainee status,
21 employer, and supervision disclosure. Social work intern disclosure moves from
22 regulation to statute. These amendments were provided as Attachments 1 and 2.
23

24 The final step is to delete 16 CCR §1880 (provided as Attachment 3) through a
25 Section 100 regulation change after the statutory amendments are completed.
26

27 Attachments provided in the meeting materials:

- 28 Attachment 1: Statute Changes for Associates
- 29 Attachment 2: Statute Changes for Trainees and Interns
- 30 Attachment 3: Regulation Changes for Social Work Interns
- 31 Chart 1: Current Advertising Requirements
- 32 Chart 2: Proposed Advertising Requirements
- 33 Chart 3: Current Client Disclosure Requirements
- 34 Chart 4: Proposed Client Disclosure Requirements

35
36 Discussion: None
37

38 Public Comment

39 Shanti Ezrine, CAMFT: CAMFT has no concerns.
40

41 This item was an update. No action was taken.
42

43 **31. Discussion and Possible Action Regarding Proposed Amendments to the**
44 **Business and Professions Code: Amend BPC §§4980.43.2, 4996.23.1, and**
45 **4999.46.2 Regarding Supervisor Assessment for Supervision via**
46 **Videoconferencing; Amend BPC §§4990.26.1 and 4990.26.2 Regarding**

1 **Training in Human Sexuality and Child, Elder, and Dependent Adult Abuse**
2 **Assessment and Reporting; and Amend BPC §§4980.36, 4980.41, 4980.72,**
3 **4980.81, 4996.17.1, 4996.17.2, 4999.32, 4999.33, 4999.60, and 4999.62**
4 **Regarding Updating Code Section Numbering**
5

6 Staff has identified amendments that the Board may wish to consider including in
7 the 2026 Omnibus Bill.
8

- 9 1. Amend Business and Professions Code (BPC) §§4980.43.2, 4996.23.1,
10 4999.46.2: Supervisor Assessment for Supervision via Videoconferencing
11

12 Current law requires supervisors to assess videoconferencing
13 appropriateness within 60 days of beginning supervision, regardless of
14 whether videoconferencing is used.
15

16 The recommendation is to amend the law so the assessment is only
17 required when supervision uses two-way, real-time videoconferencing,
18 maintaining safeguards for remote supervision while removing
19 unnecessary requirements for in-person supervision.
20

- 21 2. Amend BPC §§4990.26.1 and 4990.26.2: Training in Human Sexuality
22 and Child, Elder and Dependent Adult Abuse Assessment and Reporting
23

24 The Board requires training in human sexuality and abuse
25 assessment/reporting, but some provisions are outdated and overly broad.
26

27 The recommendation is to:

- 28 • Amend BPC §4990.26.1, related to human sexuality training, to
29 remove outdated and unnecessary language
30
31 • Revise BPC §4990.26.2, pertaining to elder and dependent adult
32 abuse assessment and reporting to clarify that the 7-hour child
33 abuse course must be California-specific, require coursework from
34 Board-approved providers only, and eliminate the exemption
35 allowing applicants to opt out based on current practice, ensuring
36 consistent and comprehensive training for public protection.

- 37 3. Amend BPC §§4980.36, 4980.41, 4980.72, 4980.81, 4996.17.1,
38 4996.17.2, 4999.32, 4999.33, 4999.60, 4999.62: Update Code Section
39 Numbering
40

41 SB 775 (2025) moved human sexuality and abuse assessment training
42 provisions to BPC §§4990.26.1 and 4990.26.2, causing incorrect
43 references in practice acts. The recommendation is to amend those
44 sections to reflect the new numbering.
45

1 Discussion: None

2
3 Motion: Direct staff to make any discussed changes, and any non-substantive
4 changes, and to pursue as a legislative proposal.

5
6 M/S: Ranasinghe/Walker

7
8 Public Comment

9 Shanti Ezrine, CAMFT: CAMFT has no concerns with the proposed
10 amendments.

11
12 Vote: Yea 9; Nay 0, Absent 2. Motion carried.

Member	Vote
Lorez Bailey	Y
Dr. Nick Boyd	Y
Susan Friedman	Y
Justin Huft	absent
Christopher Jones	Y
Kelly Ranasinghe	Y
John Sovec	Y
Wendy Strack	Y
Rebecca Thiess	Y
Eleanor Uribe	absent
Annette Walker	Y

13
14 **32. Discussion and Consideration of:**

- 15 a. **Comments Received During the 45-Day Public Comment Period and at**
16 **the Regulation Hearing with Proposed Responses Thereto for the**
17 **Board’s Rulemaking to Amend California Code of Regulations (CCR),**
18 **Title 16, Sections 1816, 1816.1, 1816.2, and 1816.4 (Fee Reductions)**
19 b. **Adoption of Amendments to CCR, Title 16, Sections 1816, 1816.1,**
20 **1816.2, and 1816.4 (Fee Reductions)**

- 21
22 a. **Comments Received During the 45-Day Public Comment Period and at**
23 **the Regulation Hearing with Proposed Responses Thereto for the**
24 **Board’s Rulemaking to Amend California Code of Regulations (CCR),**
25 **Title 16, Sections 1816, 1816.1, 1816.2, and 1816.4 (Fee Reductions)**

26
27 At its May 2025 meeting, the Board approved proposed changes to the
28 regulatory text related to Fee Reductions. The proposed regulatory action
29 was publicly noticed on September 19, 2025, initiating a 45-day public
30 comment period that concluded on November 3, 2025. During this period, the
31 Board received a request to hold a public hearing. In response, a public
32 hearing was conducted on November 6, 2025, and the comment period was
33 extended until noon on the same day

1 The following attachments were provided in the meeting materials:

- 2 • **Attachment A:** The original Board-approved language
- 3 • **Attachments B-GG:** Thirty-two written comments and one oral
- 4 comment.
- 5 • **Attachment HH:** Transcript of the public hearing including the single
- 6 oral comment.
- 7

8 Board staff and legal counsel reviewed and summarized all written and oral
9 public comments received during the rulemaking process and provided
10 recommended responses. Of the 32 written comments submitted, the majority
11 expressed support for the proposed regulations. A few commenters
12 requested clarification or offered alternative suggestions regarding the
13 duration of the proposed Fee Reductions. Some comments included
14 statements unrelated to the rulemaking process; staff recommends that the
15 Board not respond to those statements.
16

17 Of the following written and public comments, board staff and legal counsel
18 reviewed all written and oral public comments and recommended responses.
19

- 20 • **Attachment D:** Reyna Moreno, LMFT, submitted a comment
21 requesting a public hearing. No further comment was provided.
22
- 23 • **Attachment G:** Vicky Kwan, LCSW, asked why the LCSW Clinical
24 Exam Fee was excluded. Staff clarified that the fee is not Board-
25 administered.
26
- 27 • **Attachment L:** Heather McFarland, ACSW, supported the proposal,
28 requested a hearing, and suggested a January 2026 start date. Staff
29 recommended maintaining the July 2026 start date based on fiscal
30 planning.
31
- 32 • **Attachment U:** Shanti Ezrine, MPA, and Cathy Atkins, JD (CAMFT),
33 submitted comments requesting clarification as to whether the
34 reductions extend to subsequent registration fees, impact on
35 staffing/processing times, and recommendation to shorten the duration
36 of the fee reduction window to one or two years. Staff provided detailed
37 responses addressing each concern and affirmed the proposed four-
38 year reduction period, with flexibility to reevaluate post-implementation.
39

40 At the public hearing, CAMFT reiterated its written comments. Staff
41 recommended the same response as previously provided.
42

43 Board staff and legal counsel did not recommend any changes to the
44 proposed regulatory text in response to the public comments.
45

46 Discussion: None

1 Motion: Direct staff to proceed as recommended as specified and provide
2 responses to the comments as indicated in the staff recommended
3 responses.
4

5 M/S: Walker/Ranasinghe
6

7 Public Comment

8 Shanti Ezrine, CAMFT: CAMFT expressed support for the proposed fee
9 reductions, noting they will help ease financial burdens on registrants and
10 licensees. CAMFT acknowledged the board's responses regarding its
11 management of the reserve levels and the duration of the reductions and
12 thanked the board and staff for their continued efforts to assess staffing
13 needs and improve processing timelines. CAMFT also appreciated the
14 board's openness in reassessing the fee structure as economic conditions
15 evolve.
16

17 Vote: Yea 9; Nay 0, Absent 2. Motion carried.

Member	Vote
Lorez Bailey	Y
Dr. Nick Boyd	Y
Susan Friedman	Y
Justin Huft	absent
Christopher Jones	Y
Kelly Ranasinghe	Y
John Sovec	Y
Wendy Strack	Y
Rebecca Thiess	Y
Eleanor Uribe	absent
Annette Walker	Y

18
19
20 **b. Adoption of Amendments to CCR, Title 16, Sections 1816, 1816.1,
21 1816.2, and 1816.4 (Fee Reductions)**
22

23 The original proposed text changes approved by the Board at its May meeting
24 were provided for the Board's consideration.
25

26 Discussion: None
27

28 Motion: Approve the proposed regulation text for CCR sections 1816, 1816.1,
29 1816.2, and 1816.4 as set forth in Attachment A, and direct staff to take all
30 steps necessary to complete the rulemaking process, including the filing of
31 the final rulemaking package with the Office of Administrative Law, authorize
32 the Executive Officer to make any non-substantive changes to the proposed

1 regulations and rulemaking file, and adopt amendments to Title 16, CCR,
2 sections 1816, 1816.1, 1816.2, and 1816.4 as set forth in Attachment A.

3
4 M/S: Sovec/Friedman

5
6 Public Comment: None

7
8 Vote: Yea 9; Nay 0, Absent 2. Motion carried.

Member	Vote
Lorez Bailey	Y
Dr. Nick Boyd	Y
Susan Friedman	Y
Justin Huft	absent
Christopher Jones	Y
Kelly Ranasinghe	Y
John Sovec	Y
Wendy Strack	Y
Rebecca Thiess	Y
Eleanor Uribe	absent
Annette Walker	Y

9
10 **33. Update on Board-Sponsored and Board-Monitored Legislation:**

11
12 **Board-Sponsored and Supported Legislation**

13 SB 775 (Ashby) Board of Psychology and Board of Behavioral Sciences:
14 Signed into law by the Governor

15
16 **Board-Supported Legislation**

17 AB 489 (Bonta) Health Care Professions: Deceptive Terms or Letters:
18 Artificial Intelligence: Signed into law by the Governor

19
20 SB 497 (Wiener) Legally Protected Health Care Activity: Signed into law by
21 the Governor

22
23 SB 744 (Cabaldon) Accrediting Agencies: Signed into law by the Governor.

24
25 AB 742 (Elhawary) Department of Consumer Affairs: Licensing: Applicants
26 who are Descendants of Slaves: The Governor vetoed this bill.

27
28 **Board-Monitored Legislation**

29 SB 641 (Ashby) Department of Consumer Affairs and Department of Real
30 Estate: States of Emergency: Waivers and Exemptions: The Governor vetoed
31 this bill.
32

1 Public Comment

2 Shanti Ezrine, CAMFT: Regarding AB 489, the bill would make violations
3 subject to the jurisdiction of the appropriate licensing board. CAMFT noted
4 they are receiving questions and requested early guidance on
5 implementation, including how to direct complaints about AI chatbot therapy.
6

7 **34. Update on Board Rulemaking Proposals**

8
9 Disciplinary Guidelines

10 Status: Approved by OAL; takes effect July 1, 2026

11
12 Telehealth

13 Status: Approved by OAL; takes effect January 1, 2026

14
15 Continuing Education

16 Status: To Agency for Review on October 15, 2025

17
18 Advertising

19 Status: Submitted to OAL for Final Approval on November 4, 2025

20
21 English as a Second Language: Additional Examination Time

22 Status: Submitted for DCA Production Phase Review on August 14, 2025

23
24 AMFTRB National LMFT Examination

25 Status: Staff Preparing Documents for Production Phase Review

26
27 Licensed Educational Psychologist (LEP) Experience

28 Status: Staff Preparing Documents for Production Phase Review

29
30 Discussion/Public Comment: None

31
32 **35. Suggestions for Future Agenda Items**

33
34 Ranasinghe: Requested an agenda item for an update on probationer fees and
35 ways to reduce their financial burden. Noted that high costs, such as drug testing
36 fees, often lead probationers to seek early termination. Compared to criminal
37 probation fees (about \$2,000 over three years), some licensees pay nearly
38 \$4,000 in one year, creating significant hardship. Emphasized that probation's
39 purpose is safety, not punishment, and asked if surplus funds or other
40 mechanisms could help mitigate these costs.

41
42 Thiess: Requested a presentation to clarify expectations during probation tolling
43 periods.

1 Ben Caldwell: A request was made to add an agenda item for discussion on
2 clinical exam validity and alternative licensure pathways. Concerns include lack
3 of evidence linking exams to safety or effectiveness, growing professional
4 skepticism, NASW's withdrawal of support for ASWB exams, CSWE removing
5 pass rates as an educational metric, and disparities caused by exams. Some
6 states have already removed exams at certain levels. The request emphasized
7 urgency.

8 9 **36. Public Comment for Items not on the Agenda**

10
11 Rick McCarthy, LMFT: Urged reinstating the oral exam to better protect the
12 public, arguing written exams only assess knowledge and fail to evaluate critical
13 interpersonal, ethical, and clinical judgment skills. Emphasized the board's duty
14 to ensure competence, noting that removing oral exams may have allowed
15 thousands of underqualified therapists to be licensed.

16
17 Kelly Kilcoyne, LMFT: Endorsed Rick McCarthy's points and cited the 1997
18 sunset review report, emphasizing that rigorous licensing exams help prevent
19 unqualified practitioners from entering the profession, which can be critical for
20 client safety. Advocated restoring oral exams to validate competence and protect
21 the public, stressing the importance of safeguarding the future of the profession.

22
23 Dr. Lisa Wenninger, LPCC: Raised concerns about the impact of anti-DEI
24 legislation happening nationally on counseling programs, noting curriculum
25 changes such as removal of multicultural counseling courses. They urged the
26 Board to be aware and consider proactive measures, possibly including a "shield
27 law" similar to protections for gender-affirming care, to safeguard standards of
28 care and protect clients in California.

29
30 Kendy Faye: Urged the Board to consider accountability for implicit and explicit
31 bias of those who are writing the exams, monitoring exams, marketing exams,
32 designing exams; and how clinicians are being evaluated in supervision and how
33 licensees are evaluating and assessing their clients. Highlighted that evidence-
34 based care often fails to represent multiply marginalized clients, raising ethical
35 concerns about treatment and equity.

36 37 **37. Adjournment**

38
39 The Board adjourned at 2:42 p.m.